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WELSH & KAT 120 S RIVERSIDI 22ND FLOOR CHICAGO, IL 60			Cer I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP	tificate of Mailing or his Fee(s) Transmittal is with sufficient postage I Stop ISSUE FEE as TO (571) 273-2885, or	Transmiss s being dep for first cla ddress abo n the date i	sion posited with the Un ass mail in an envel we, or being facsim indicated below.			
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENT			OR	ATTORNEY DOCKET	NO. C	ONFIRMATION NO.	
09/670,093 09/26/2000 Craig R. Shambaugh 00EC018/77779 3663  TITLE OF INVENTION: METHOD OF CREATING SCRIPTS BY TRANSLATING AGENT/CUSTOMER CONVERSATIONS									
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400			\$0	\$1400		10/27/2005	
EXAN	ART UNI	NIT CLASS-SUBCLASS							
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Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.	(1) the name or agents Ol (2) the name registered at 2 registered listed, no na	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Welsh & Katz, Ltd.  2							
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Rockwell Electronic Commerce Technologies, LLC  Wood Dale, IL									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
a. The following fee(s) are			Payment of Fe		Individual U Co	rporation or other priva	ite group e	ntity Governm	
Issue Fee Publication Fee (No s Advance Order - # of	A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 23-0920 (enclose an extra copy of this form).								
	(from status indicated above) MALL ENTITY status. See 3		<u> </u>					<u> </u>	
he Director of the USPTO	is requested to apply the Issu- ublication Fee (if required) words of the United States Pate:	e Fee and Publicati	on Fee (if any)			L ENTITY status. See paid issue fee to the a tered attorney or agent			
Authorized Signature	TAGONAIA (	Date August 16, 2005							
Typed or printed name	en			Registration ?	No. <u>34,137</u>		<del></del>		
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## TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) Docket No. AUG 1 8 2005 (37 C.F.R. 1.311) 6065-77779 (00EC018) TA TRADEMARY Applicant(s): Craig R. Shambaugh Confirmation No. Group Art Unit Serial No. Filing Date Examiner 2655 3663 09/670,093 09/26/2000 Albertalli, Brian METHOD OF CREATING SCRIPTS BY TRANSLATING AGENT/CUSTOMER CONVERSATIONS Invention: TO THE ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231 Attention: Box Issue Fee Transmitted herewith are the following for the above-identified application. ☑ Issue Fee Transmittal Form PTOL-85 ☐ Plant Fee: Utility Fee: Design Fee: \$ 1400.00 ☐ Publication Fee: A check in the amount of \$1,400.00 is attached. The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 23-0920 as described below. A duplicate copy of this sheet is enclosed. Charge the amount of $\boxtimes$ Credit any overpayment. Charge any additional fee required. Dated: August 16, 2005 Signature Jon P\Qnristensen Reg. No. 34,137 I certify that this document and fee is being deposited with the U.S. Postal Service as om 08/16/2005 first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. 45 Signature of Person Mailing Correspondence **Abby Boone** CC: Typed or Printed Name of Person Mailing Correspondence